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## PLANTATION MEDICINE\*

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MANY phases of the practice of medicine in America have engaged the interest of the historian. One, however, eminently distinctive as the product of the social order of its own time, seems to have been overlooked. Plantation medicine—the preservation of the health of the slaves on the old plantations of the South, and their medical care in time of illness—has been neglected, either in the belief that no organization for such care existed, or from the fact that sources of information were unavailable. Aside from a chapter in Dr. W. B. Blanton's *Medicine in Virginia in the Eighteenth Century*, the author has found no other essay on this subject. Needless to say this discovery added considerably to the piquancy of the quest for information and when, in Louisiana, a collection of manuscripts bearing on plantation life became available for study, opportunity was offered for the developing of this most absorbing subject.

Strange as it may seem, the institution of slavery, the abolishment of which in this country caused such disastrous fervor in the days preceding the War between the States, had a religious basis in its beginning in Europe. Phillips tells us that the Portuguese explorers, who carried the first African slaves to Lisbon, “were hailed as Crusaders, bringing savage heathen for conversion to civilization and Christianity. Europeans exploring the coast of Africa found slavery as an institution already established, negroes by tribal custom being enslaved for crime, for debt, as a system of poor relief, and by sparing the lives of captive enemies.” It has been truly said that, “slavery represents a stage of social progress, tending constantly to emerge wherever social units of unlike order or capacity are brought into continued competitive contact in the struggle for existence” and such was the development of negro slavery as an institution.

\*Read at the Annual Meeting of the Medical Library Association, Richmond, Va., May 25, 1937.

In 1501, transportation of slaves to Puerto Rico, Jamaica and Cuba was authorized, slaves being sent from Spain, none directly from Africa. In 1517, permission was given for direct transportation to the American colonies. The first slaves were brought to Virginia in 1619; and were sold to the Colonial government itself, later to be resold to the private settlers. Not until near the end of the seventeenth century did negroes begin to form the bulk of Virginia plantation groups and even then there was no official basis for slavery as such.

We are told that slaves were first chartered directly by the crowns in countries of the various ascendancies; later the charters were in the hands of exporting companies. Ship captains received in addition to these salaries, commissions of "4 in 104" on the gross sales and also had the privilege of buying, transporting and selling specific numbers of slaves on their private account; surgeons and mates were allowed commissions and privileges at a smaller rate.

An old captain of a slave ship captured in the smuggling trade described the purchase of slaves in the early nineteenth century thus: "As each negro was brought before the captain he was examined without regard to sex from head to foot. A careful manipulation of the chief muscles, joints, arm-pits and groins, was made to assure soundness. The mouth too was examined and if a tooth was missing, it was noted as a defect liable to deduction. Eyes, voice, lungs, fingers and toes were not forgotten, so that when a negro passed without censure he might readily have been adopted as a good life risk by an insurance company. Upon one occasion to my great astonishment I saw a stout and apparently powerful man discarded as utterly worthless. His full muscles and sleek skin, to my unpracticed eye, denoted the height of robust health. Still I was told he had been medicated for the market with bloating drugs and sweated with powder and lemon juice to impart a gloss to his skin. . . . Feeling the negro's pulse, I immediately detected disease or excessive excitement. In a few days I found the poor wretch abandoned by his owner, a paralyzed wreck in a hut of the village."

Slaves were generally captives taken in war by the Fullah chiefs. They were delivered to the ships at the rate of 100 bars each; a bar was equal to half a dollar, 1½ lb. of tobacco, a fathom of ordinary cotton cloth or a pound of powder. They were confined in stockaded enclosures awaiting the slave ships, the captains choosing their merchandise, and removing purchases to the ships. Inasmuch as captives refused were usually put to death, the unfortunate Africans coöperated in presenting themselves as marketable, and in case of question often begged to be taken.

Sloops or schooners were used for the slave trade, according to Phillips, which when engaged in ordinary freighting would have but a single deck. For a slaving voyage a second flooring was laid usually about three feet below the deck, the space between forming the slave quarters. On the journey they were kept below at night and in foul weather, being allowed above only in daylight for food and exercise while the quarters were cleaned and swabbed with vinegar as a disinfectant. Even though instructions from the chartering companies always contained mandates as to health preservation of the slaves as a criterion of the success of the voyage—surgeons were signed on to do what they could in the matter—conditions were indescribably wretched in the presence of dysentery, seasickness, epidemics of scurvy, smallpox and ophthalmia. Many were lost en route, the bodies being thrown overboard.\*

On arrival in this country, slaves were either sold by shipload to brokers, individually on board, or the ship sailed from place to place with notice of prospective sale published in advance where practicable. Considering the horrors of the voyage it is small wonder there were many remainders in each cargo, ill or otherwise unfit. These were sold for whatever price they would bring. In some parts, notably in Louisiana, in 1803, Robin tells us that certain physicians made a practice of buying these diseased negroes at wretchedly low prices, speculating on their restoration to health and resale at enormous profit.†

In the sale of slaves from ship cargoes also, various devices were employed to enhance marketable appearance. Fattening, shaving and oiling the skin of adult slaves helped to pass them off as youthful. The ages most to be desired in purchasing were those between 15 and 25 years. If none of this age period was available, well-grown children were preferred to the middle-aged, since they were more easily adaptable to service and learned more easily. Legal precautions protected purchasers as far as was possible.‡

When the slaves purchased arrived at their new homes on the plantations, the process of "seasoning" or "breaking in" began. By this was meant not only the training for plantation labor, but even more important the acclimatization of the African to his new environment. Some planters distributed the new slaves among the households of seasoned

\*The material on exhibit contains a photostat of the contract of a surgeon to serve on a slave ship and summaries of instructions to captains—all referring to the Louisiana slave trade.

†The original wording of this report with its translation is in the exhibit.

‡A photostat of a document on exhibit shows the voiding of a sale on proven misrepresentation of physical condition.

ones; others were cared for separately by a special staff of nurses and guardians, under constant supervision. Mortality was generally high, ranging from thirty per cent to forty per cent within three to four years. Phillips tells us that deaths resulted from diseases brought from Africa such as yaws, debilities and maladies acquired on the voyage, from change of climate and of food, from exposure incurred in running away, from morbid habits such as dirt-eating and from manslaughter, accident and suicide. Robin interestingly describes the process of acclimatization: "Negroes bought from importers and carried home by the purchasers are ordinarily treated differently from the old ones. They are gradually accustomed to work. They are made to bathe often, to take walks from time to time and especially to dance; they are distributed among old slaves in order to dispose them better to acquire their habits. These attentions are not usually due to sentiments of humanity. Interest requires them. It happens too often that poor masters, who have no other slaves, or are too greedy, require hard labor of these fresh negroes, exhaust them quickly and lose them by sickness and more often by grief."

This influx of new slaves was a constant hazard to the health of the plantation. The records are full of accounts of epidemics so induced. An old manuscript diary of the middle eighteenth century says: "The smallpox has been affecting the whole country, less severe however than in 1734. At that time it was imported by the Spaniards; this time it was brought in by a shipload of negroes from Jamaica. Other maladies, more or less general exist sometimes, but they are generally imported from other countries."

Contrary to general opinion, slavery was present in all the northern colonies but on account of different usages and needs was of much less extent than in the south. The small holdings in the north never created a serious problem for control. As a rule in the north, slavery was not abolished but gradually became extinct by legal process of freeing slaves on their attaining a certain age; so many at stated intervals, or all children to be born free. Southern states prohibited further importations but were restrained from wholesale abolition, not only on an economic basis but in realization of the social state which must ensue on freeing such hordes of blacks at one time. The disastrous uprisings in San Domingo gave warning against the upsetting of racial adjustment, as did the Gabriel revolt in Virginia in 1800. Importation of slaves was prohibited in the United States in 1805, but coastwise trading was continued and this encouraged smuggling. Although complete prohibition became effective in 1808, the rise of the cotton and sugar industries encouraged the development of the plantation system, and with this growth, the increasing use of and dependence on organized slave labor.

These large southern plantations were in reality villages in themselves. The owner's houses, more often than not, faced a river or stream, for in the absence of roads, water offered the best means of transportation. Each unit being composed of large tracts of land, the communities so located were of necessity isolated, and, as far as possible self-sustaining, as regards food, maintenance of health and government. Thus there came to be codes of rules laid down, regarding the clothing, shelter, feeding, and physicking of the personnel and on compliance with these rules, depended the successful operation of the plantation. The owner, if in residence, directed the activities of the organization personally, assisted often by a manager, an overseer and numerous so-called "drivers," or leaders of groups of workers. Because a knowledge of medicine was all-important in the plantation regime, many planters were themselves trained in the medical knowledge of their day or one physician planter would care not only for his own people (the blacks were almost never referred to as slaves) and for those of his neighbors, either on contract by the year or for a fee for each call. Where this plan was not feasible, arrangements were made with a physician in the nearest town who would come when sent for. In most cases, however, because of distance from expert medical advice, and the loss of time before the doctor could reach the patient, a medical code, more or less detailed, was set up to aid in health maintenance and in case of minor disorders, or first aid in serious ones. It must be remembered, that aside from all humanitarian phases of the subject, a planter's slaves represented the greatest and most important part of his property, and property must be cared for. As succeeding generations of black families were born on a plantation, however, in a community with succeeding generations of a white family, there developed a patriarchal system, characterized by mutual affection. We have, therefore, a triple basis for care: a responsibility of wardship, a speculative value of property and the tie of mutual regard and loyalty. The records are full of evidence of this appreciation of values, and these values are constantly emphasized in instructions to overseers, in diaries, plantation records, and even in doctors' bills.

A Mississippi manuscript gives the rules for plantation management on a cotton estate: "The health, happiness, good discipline and obedience; good, sufficient and comfortable clothing, a sufficiency of good, wholesome and nutritious food for both man and beast being indispensably necessary to successful planting as well as for reasonable dividends for the amount of capital invested, without saying anything about the master's duty to his dependents, to himself and to his God—I do hereby establish the following rules and regulations for the management

of my prairie plantation, and require an observance of the same by any and all overseers I may at any time have in charge there, to wit: . . .

"Prove and show by your conduct toward the negroes that you feel a kind and considerate regard for them. Never cruelly punish or overwork them, never require them to do what they cannot accomplish or otherwise abuse them, but seek to render their situations as comfortable and contented as possible. See that their necessities are supplied, that their food and clothing be good and sufficient, their houses comfortable and be kind and attentive to them in sickness and old age. See that the negroes are regularly fed and that their food be wholesome, nutritious and well-cooked. See that they keep themselves well-cleaned: at least once a week (especially during summer) inspect their houses and see that they have been swept clean. Examine their beddings and see that they are occasionally well-aired, their clothes mended and everything attended to that conduces to their health, comfort and happiness. If any negroes have been reported sick, be prompt to see what ails them and that proper medicines and attention be given them. Use good judgment and discretion in turning out those who are well. . . . All hands should be required to retire to rest and sleep at a suitable time, and to remain there until it will be necessary to get out to reach their work by the time they can see well how to work, particularly so when the nights are short and the mornings very cold and inclement. Allow such as may desire it a suitable piece of ground to raise potatoes, tobacco, etc. . . . They may raise chickens also with privilege of marketing the same at suitable leisure times. . . . After taking proper care of the negroes, stock, etc., the next most important duty of the overseer is to make (if practicable) sufficient quantity of corn, hay, fodder, meat, potatoes and other vegetables for the consumption of the plantation and then as much cotton as can be made by requiring good and reasonable labor of operatives and teams."

Affleck's *Cotton Plantation Record and Account Book* warns the overseer that: "The health of the negroes under your charge is an important matter. Much of the usual sickness among them is the result of carelessness and mismanagement. Overwork, or unnecessary exposure to rain, insufficient clothing, improper or badly cooked food, and night rambles are all fruitful causes of disease. A great majority of the cases you should be yourself competent to manage or you are unfit for the place you hold; but whenever you find that the case is one you do not understand, send for a physician. . . . By using such means for their comfort as every judicious humane man will readily think of, you will find the amount of sickness greatly lessened."

Charles Manigault of Georgia specified by contract with his overseer, in 1853 that in case of any serious accident resulting in the fracture of a limb, the patient should be placed on a door and carried in the fastest boat to be procured to a hospital for slaves maintained in Savannah.

Weston's *Rules on a Rice Estate* are quite as explicit: "The proprietor, in the first place wishes the overseer most distinctly to understand that his first object is to be under all circumstances, the care and well-being of the negroes. The proprietor is always ready to excuse such errors as may proceed from want of judgment, but he never can or will excuse any cruelty, severity or want of care toward the negroes."

All plantations of any size maintained well-ordered hospitals and all negroes who were sick were required to remain here until able to return to work. Care of the sick was in charge of an old colored woman who acted under the advice of the overseer, owner, or doctor as the seriousness of the case demanded. Often the nurse acted also as midwife for white and black alike.

The mistress of the plantation or in her absence the wife of the overseer was usually responsible for direction of those in charge of sewing, cooking, and nursing, with particular attention to the women and children. Travelers often comment on the devotion of these ladies to the care of their charges and of the endless calls on their attention and personal help. Reference to this is made in the recently popular *Gone with the Wind*.

The care of pregnant and lying-in women and of children was one of the most important problems, demanding special instruction, affecting as it did the future welfare of the plantation. Weston's *Rules* provide that, "lying-in women are to be attended by the midwife as long as necessary, and by a woman put to nurse them for a fortnight. They will remain at the negro houses for four weeks, and then will work two weeks on the highland. In some cases, however, it is necessary to allow them to lie up longer. The health of many women has been entirely ruined by the want of care in this particular. Women are sometimes in such a state as to render it unfit for them to work in water; the overseer should take care of them at these times. The pregnant women are always to do some work up to the time of their confinement, if it is only walking into the field and staying there. If they are sick, they are to go to the hospital and stay there until it is pretty certain their time is near."

Hammond's *Plantation Rules* state that: "Sucklers are not required to leave their homes until sunrise when they leave their children at the children's house before going to the field. The period of suckling is

twelve months. Their work lies always within half a mile of the quarter. They are required to be cool before commencing to suckle and to wait fifteen minutes at least in summer after reaching the children's house before nursing. It is the duty of the nurse to see that none are heated when nursing, as well as of the overseer and his wife occasionally to do so. They are allowed forty-five minutes at each nursing to be with their children. They return three times a day, until their children are 8 months old: in the middle of the forenoon, at noon, and in the middle of the afternoon; 'till the twelfth month but twice a day, missing at noon; during the twelfth month at noon only. . . . The amount of work done by sucklers is about three-fifths of that done by a full hand, a little increased toward the last. Pregnant women at five months are put in the suckler's gang. No plowing or lifting must be required of them. Sucklers, old, infirm and pregnant receive the same allowances as full work hands. The regular plantation midwife shall attend all women in confinement. Some other woman, learning the art is usually with her during delivery. The confined woman lies up one month and the midwife remains in constant attendance for seven days. Each woman on confinement has a bundle given her containing articles of clothing for the infant, pieces of cloth and rag, and some nourishment as sugar, coffee, rice, and flour for the mother."

Day nurseries, entirely separate from the hospital, cared for the babies and children, in the charge of another old woman. Contemporary descriptions of travelers comment on the happiness and content of the children on the plantations visited. Provisions for special diet were provided both in the nursery and the hospital.

The aged and infirm slaves were protected by state laws, which required that adequate care and maintenance be provided them until death. In Louisiana masters were responsible for care of slaves even if freed. When old or infirm slaves were sold the law required that one of their children be sold with them to insure proper care.

Numerous cases of special care accorded sick slaves, appear in the records. In 1857, a surgeon-dentist from the north is much surprised at being asked to furnish a complete upper plate for a negro man at a cost of \$75. A traveler reports two sick slaves sent to a medicinal spring for special treatment. Still another planter sent an invalid to a nursing home for special care until a cure could be effected.

Reverend James W. Alexander in his *Letters* says: "Nanette, our nurse, is a mild but active brown woman, with whom I would trust any interest we have. She is an invalid, however, and in the north would long since have died in the almshouse. As it is she will be well housed, well fed, protected and happy if she lives to be one hundred. There



are two blind women, eighty or ninety, on this estate who have done nothing for years. It is touching to see them walking out arm in arm to bask in the sun."

An understanding of negro psychology is evidenced in provision for special holidays and unusual task assignments as well as in the management of malingerers. On the Pinckney plantations in South Carolina, a detail of four slaves was shifted from field work each week for a useful holiday in fishing, their catches augmenting the plantation diet. In 1772, Colonel Landon Carter wrote in his *Diary*: "I gave my people a holiday this day, notwithstanding the work is so backward. The drowth seems to have afflicted them and a play day may raise their spirits." Olmsted visited a plantation "where a woman had been excused from any sort of labour for more than two years, on the supposition that she was dying from phthisis. At last the overseer discovered that she was employed as a milliner and dressmaker by all the other colored ladies of the vicinity; and upon taking her to the house, it was found that she had acquired a remarkable skill in these vocations. She was hired out the next year to a fashionable dressmaker in town, at handsome wages; and as, after that, she did not again 'raise blood,' it was supposed that when she had done so before, it had been by artificial means." Mr. M. G. Lewis, in his *Journal*, 1834, told of a unique remedy for malingering: "The hospital has been crowded since my arrival with patients who have nothing the matter with them. On Wednesday there were about thirty invalids, of whom only four were cases at all serious; the rest . . . had evidently come to the hospital in order to sit idle and chat away the time with their friends. Four of them the doctor ordered into the field peremptorily; the next day there came into the sick house six others; upon this I resolved to try my own hand at curing them; and I directed the head-driver to announce that the presents which I had brought from England should be distributed today, that the newborn children should be christened and that the negroes might . . . amuse themselves until twelve at night. The effect of my prescription was magical, two-thirds of the sick were hale and hearty . . . and today not a soul remained in the hospital except the four serious cases."

It is noted with surprise by visitors to the old plantations that itinerant groups of foreigners were used for potentially dangerous tasks. Olmsted tells us that on the Alabama River, "in loading the boat with cotton from a towering bluff, a slave squad was appointed for the work at the top of the chute, while Irish deck hands were kept below to capture the widely bounding bales and to stow them." As to the reason for this division of labor and concentration of risk, the traveler had his

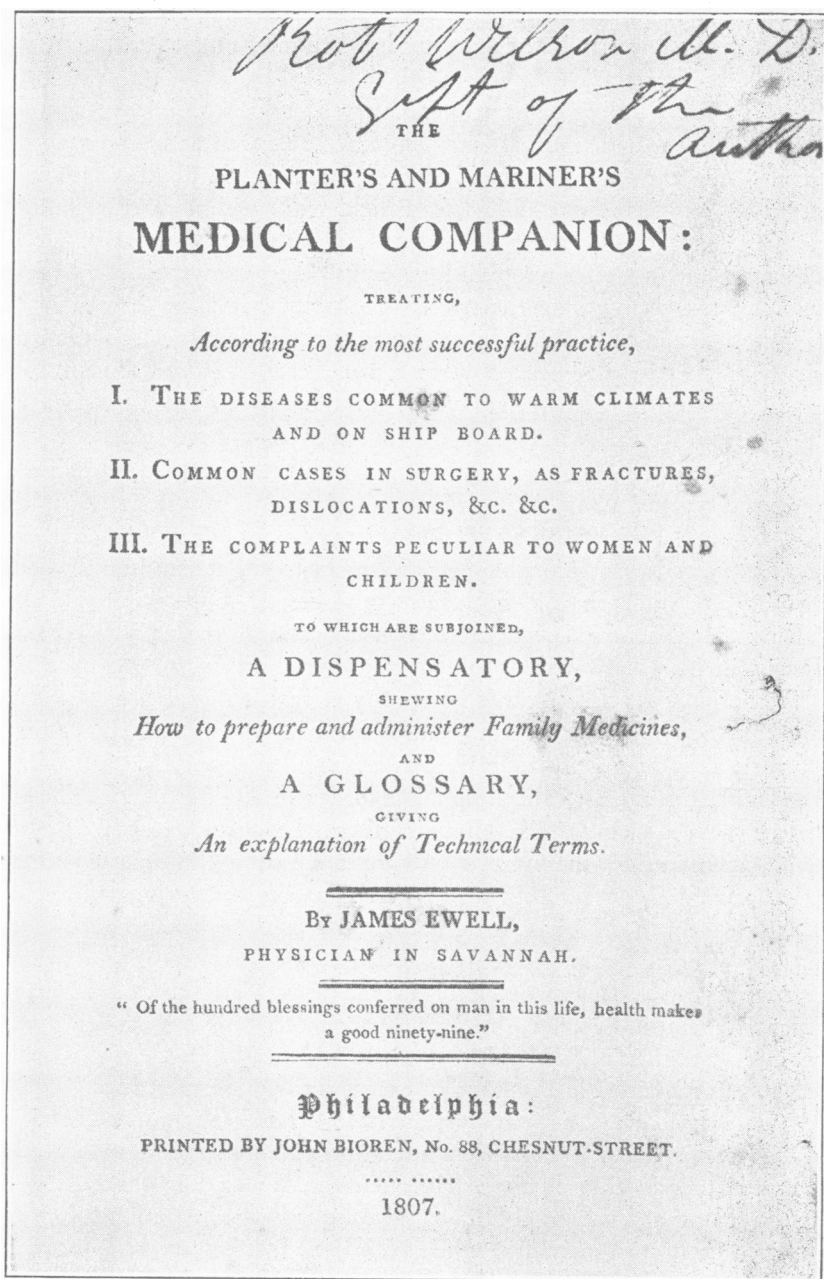


FIG. 1. Title-page of first edition of Ewell's *Planter's and Mariner's Medical Companion*.

own surmise confirmed when the captain answered his question by saying: "The niggers are worth too much to be risked here; if the Paddies are knocked overboard, or get their backs broke, nobody loses anything." Likewise when a planter employed Irishmen to drain his land, he explained it by saying: "It's dangerous work and the negro life is too valuable to be risked at it. If a negro dies it is considerable loss, you know."

The care of plantation negroes formed the greater part of the practice of country physicians in the south before the War between the States. The principal diseases were cholera, lockjaw in infancy (called trismus nascentium) measles, pneumonia, pleurisy, worms, colic, smallpox, diphtheria (called putrid sore throat) and digestive disorders. The negro was relatively immune to yellow fever. The treatment used by the doctors conformed to the medical regime of the period and locality. Doctors traveled by boat or by horseback. Immediately serious illness or accident occurred a boy was sent on horseback for the physician; in the meantime a white flag was hung at the gate, implying that medical care was needed, in case the doctor should pass en route to another call.

All simple cases, however, as has been shown were cared for by the plantation nurse under the direction of the master or overseer. This condition created an actual need for the family doctor book, and a number were in vogue throughout these years. Perhaps the best and most popular of these was written by James Ewell, of Savannah, a charter member of the Georgia Medical Society, and was called *The Planter's and Mariner's Medical Companion* (Fig. 1). The first edition was published in 1807 in Philadelphia; it was dedicated to Thomas Jefferson, himself a planter, and a pioneer in vaccination in this country, and carried the recommendation of Doctors W. Shippen, B. S. Barton, James Woodhouse, Charles Caldwell, and Nathaniel Chapman. The volume proved immensely popular and went through many editions. It was sold in connection with a medicine chest, containing the medicines prescribed (Fig. 2.) Doctor Ewell was severely censured by the local profession for publishing a book to help planters to give medical care to their own slaves, but the book was so practical as to be used as a physician's manual as well as a planter's guide in its later editions. The chests in mock mahogany were furnished with the book for \$50, in cherry wood with double flint glass and ground stopper bottles for \$75 and in elegant mahogany cases, with glass stopper bottles of much larger size for \$100. The medical advice in the book is at once naive, and practical for its day; it merits an examination.

In closing, a comparison of negro diseases, medical care and mor-

tality in the old days, with conditions of the present would seem not to be amiss. In a recent investigation of C. S. Sydnor, of the University of Mississippi, the expectation of life of a twenty-year old slave was only



FIG. 2. Medical chest sold with Ewell's *Planter's and Mariner's Medical Companion*, 1807 and subsequent editions.

a year and a half less than that of his master. An exhaustive statistical study made by Frederick Hoffman in 1896 showed that from the time the slaves were freed, the mortality rate of negroes increased. This condition existed until about 1900, when public health measures and health

education began to bear fruit. The negro is subject to higher death rate than the white man in consumption, pneumonia, scrofula and venereal diseases, malarial fevers and typhoid fever. Certain of these susceptibilities have increased notably since the advent of the negro into this country. Certain natural immunities, mentioned in early treatises, are lost today. Hoffman's conclusions of forty years ago are in the main true in our time.

What of plantation medicine today? Many remnants of accepted regime in former times, are still to be found. Physicians are still engaged by the year in many communities to care for the negroes employed on the plantation; the planter still accepts responsibility for the health and care of his people. This oftentimes extends to unnecessary expense to afford a faithful worker satisfaction. The author was recently told of the mistress of a plantation who paid a dentist to put two gold crowns on a servant's teeth, because he was old and ill, and had always wanted two gold teeth. The doctor's bill on this plantation is sometimes forty dollars per month but is accepted as legitimate expense.

Much still remains to be investigated in this fascinating phase of American medicine; many manuscripts containing interesting facts are constantly becoming available. Further study may serve to bring to light more basic information regarding tendencies to disease in the black race and pave the way for an authoritative and much-needed text on negro medicine.

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